

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPROVAL					
1						
	OMB Number 3235-0076					
	Expires: November 30, 2001					
	Estimated average burden					
	hours per response:16.00					
ļ	SEC USE ONLY					
	Prefix Serial					
	DATE RECEIVED					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Common Stock Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOEN RECEIVED
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Café Valley, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
5320 Buckeye Rd., Phoenix, AZ 85043 (602) 278-2909
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Commercial bakery
Type of Business Organization
☑ corporation ☐ limited partnership, already formed ☐ other (please specify):
Commercial bakery Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed corporation Imited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Month Year THOMSON FINANCIAL Estimated Est
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada: FN for other foreign jurisdiction) AZ

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA			
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)					
Curran Properties, L.P.						
Business or Residence Address 1601 – 5th Avenue, Suite 1703						
Check Box(es) that Apply:		Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)					
Prentice Family Partnership						
Business or Residence Address 600 Stewart Street, Suite 1000						
Check Box(es) that Apply:		Manuficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in Seaver Kent - TPG, LP	ndividual)					
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
c/o Texas Pacific Corp., 301 (Commerce Street, St	uite 3300, Fort Worth	TX 76102			
Check Box(es) that Apply:	Promoter C	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if in Kent, Bradley	ndividual)					
Business or Residence Address 5320 Buckeye Road, Phoenix,		City, State, Zip Code)		_		
Check Box(es) that Apply:	☐ Promoter ☐	Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if it Carpenter, Tom	ndividual)					
Business or Residence Address	•	City, State, Zip Code)				
5320 Buckeye Road, Phoenix, Check Box(es) that Apply:		Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in Lachrie, Gary	ndividual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
5320 Buckeye Road, Phoenix, AZ 85043						
Check Box(es) that Apply:	Promoter C	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if individual)						
Organ, Ron						
Business or Residence Address (Number and Street, City, State, Zip Code) 5320 Buckeye Road, Phoenix, AZ 85043						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDE	NTIFICATION DATA			
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if Seaver, Alex	individual)					
Business or Residence Address	o Olymbor and Str	east City State 7in Code)				
5320 Buckeye Road, Phoeni		eet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if Sutton, Jack	individual)					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)				
5320 Buckeye Road, Phoeni						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING					
		Yes	No			
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		<u>X</u>			
	Answer also in Appendix, Column 2, if filing under ULOE.					
2.	What is the minimum investment that will be accepted from any individual?	\$				
		Yes	— No			
3.	Does the offering permit joint ownership of a single unit?	_X_				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or					
	similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed					
	is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the					
	broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
	Name (Last name first, if individual)					
N/A						
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)					
Nan	ne of Associated Broker or Dealer					
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers		· · · · · · · · · · · · · · · · · · ·			
	(Check "All States" or check individual States)	☐ All	States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]			
-	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]			
	RI SC SD TN TX UT VT VA WA WV WI	[WY]	[PR]			
Full	Name (Last name first, if individual)					
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)					
Nan	ne of Associated Broker or Dealer					
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	☐ All	States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]			
	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]			
	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY]	[PR]			
Full	Name (Last name first, if individual)					
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)					
Nan	ne of Associated Broker or Dealer		•			
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	☐ All	States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]			
	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]			
[_	RI SC SD TN TX UT VA WA WV WI	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0-	\$ -0-
	EquitySale of Common Stock	\$1,750,000	\$1,669,724.50
		<u> </u>	
	Convertible Securities (including warrants)	\$ -0-	\$ -0-
	Partnership Interests	\$ -0-	\$ -0-
	Other (Specify:)	\$ -0-	\$
	Total	\$1,750,000	\$1,669,724.50
	Answer also in Appendix, Column 3, if filing under ULOE.	· · · · · · · · · · · · · · · · · · ·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	27	\$ 1,669,724.50
	Non-accredited Investors	- 0 -	
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.	TC	D.II. A 4
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	X	\$35,000
	Accounting Fees		\$
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0-
	Other Expenses (identify) Administrative, Blue Sky Fees, Miscellaneous	X	\$2,500
	Total	[X]	\$ 37,500

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSE	S AND	USE OF PROC	EEDS	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."					\$ <u>1,712,500</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth set forth in response to Part C - Question 4.b above.					
			Payments to Off Directors, & Affi		Payments to Others
Salaries and fees			\$0-	. 🗆	\$0
Purchase of real estate			\$0	. 🗆	\$0
Purchase, rental or leasing and installation of ma	achinery and equipment		\$0	. 🛛	\$_500,000
Construction or leasing of plant buildings and fa	cilities		\$0	. 🗆	\$ <u>-0-</u>
Acquisition of other businesses (including the va offering that may be used in exchange for the as	sets or securities of another issuer		Φ. 0	p	
pursuant to a merger)			\$0-	_	\$0
Repayment of indebtedness			\$ <u>-0-</u>		\$_200,000
Working capital			\$0	. 🗵	\$ <u>1,012,500</u>
Other (specify):			\$ <u>-0-</u>	. 🗆	\$0
			\$ -0-		\$ -0-
Column Totals			\$ <u>-0-</u>		\$ 1,712,500
Total Payments Listed (column totals added)			×	\$_1,712,500	
Total Taylionia Bisses (totaliii totalis assess)				5 <u>1,/12,500</u>	_
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undertaking by the issuer to furnish to the U.S. Securities a accredited investor pursuant to paragraph (b)(2) of Rule 5	and Exchange Commission, upon written request				
Issuer (Print or Type)	Signature		Date		
Café Valley, Inc. June 25, 2003					
Name of Signer (Print or Type)	Title of Signer (Print or Type)		•		
Tom Carpenter	Chief Financial Officer and S	Secre	tary		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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